Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Tylan S Green	M M / D D / Y Y Y Y
Mailing Address 2320 Saint Nick Dr	08 10 2014 Amount
City State Zip Code  New Orleans LA 70131	50.00 Transaction ID : 14fb066c-d687-4879-8
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate Support Office	ce Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	oursement For: ☐ Primary ☐ General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Tylan S Green	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr	Amount
	Amount
City State Zip Code	10.20
New Orleans LA 70131	Transaction ID: e3f7d01f-aff0-4669-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 10 2014
Name of Fodoval Condidate	
Ma Manufactura	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State:
Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	60.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 12 2014
Signature	للنتا لتا لت

Schedul	e E)	LAI LIND			PAGE 2 OF 27 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Na	ame of Payee	,		Date	-f Dublic Distribution/Discomination
Lorr	i Anderson				of Public Distribution/Dissemination  08
Mailing	g Address 7214 Duchamp Dr			Amou	nt
City		State	Zip Code		25.00
Charlo		NC	23215		action ID : 4687f32b-9147-4d0c-a of Disbursement or Obligation
Purpos Salary	se of Expenditure /		Category/ Type 001		08 10 7 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Ka	ay Hagan		X Oppose	Preside	NO.
_	alendar Year-To-Date er Election for Office Sought	, , , 2	224612.89	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	ame of Payee i Anderson			Date	of Public Distribution/Dissemination
	Alideison			N	08 10 7 2014
Mailing	g Address 7214 Duchamp Dr			Amou	nt
City		State	Zip Code		7.80
Charle	otte	NC	23215		oction ID : a3687137-0167-4a8f-9 of Disbursement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 002		08 / 10 / 2014
Name	of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Ka	ay Hagan		Oppose	Preside	
	calendar Year-To-Date er Election for Office Sought	7 7	224612.89	Disbursemen 2014	nt For:  Primary
(a) SUE	STOTAL of Itemized Independent Expenditure	es			32.80
-					
(b) SUE	STOTAL of Unitemized Independent Expendi	tures		· •	7 7 7
(c) TOT	FAL Independent Expenditures			•	7 1 7 1 7
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate ammittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 08	12 2014
Sign	ature		_		

Schedule E)	ENT EXILE	DITOTILO	PAGE 3 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination
Mailing Address 502 E Center Ave			08 10 2014
			Amount
City	State	Zip Code	30.00
Searcy	AR	72143	Transaction ID: ece893ce-060d-4b3a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55362.57	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Reagan Brackett			08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 502 E Center Ave			Amount
City	State	Zip Code	5.85
Searcy	AR	72143	Transaction ID: ce2aa7c5-22ac-4089-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55362.57	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		35.85
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	08 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J			

Sch	nedule E)			PAGE 4 OF 27 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
Che	ck if 24-hour report X 48-hour report New re	port Amends repo	rt filed on	D = D / Y = Y = Y
_	Full Name of Payee		Date of Bublio	: Distribution/Dissemination
	Nathan Smith		Date of Public	10 2014
	Mailing Address 1247 W Mt Comfort Rd		Amount	
	City State	Zip Code		20.00
L	Fayatteville AR	72703		D: 111f2ceb-5275-47b8-a rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08	10 / 2014
h	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Mark L Pryor	X Oppose		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	55362.57	Disbursement For: 2014 Other (specific	Primary X General ecify) ▶
Г	Full Name of Payee		Date of Public	Distribution/Dissemination
١	Nathan Smith		M M M /	10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 1247 W Mt Comfort Rd			10 2014
١			Amount	
ŀ	City State	Zip Code		7.14
	Fayatteville AR	72703		: 67599e43-3a7f-4776-9 rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08 /	10 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	55362.57	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a	substotal of Itemized Independent Expenditures		<b>•</b>	27.14
(k	o) SUBTOTAL of Unitemized Independent Expenditures		· •	
(0	e) TOTAL Independent Expenditures		<b>•</b>	
W	nder penalty of perjury I certify that the independent expenditure ith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electro.	nically Filed] Date	08 / 12	/ Y Y Y Y Y Y 2014
	Signature			

Scl	nedule E)	· LIVE	TONEO				PAGE 5 FOR SE OF F	OF 27 FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION	
W	omen Speak Out PAC					C	C00530766	
Che	ck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed or	n M = M /	D   D /	Y = Y = Y
Т	Full Name of Payee Cari A Stevenson					Date of Public	: Distribution/D	issemination
-						08	10 /	2014
Ĭ	Mailing Address 12312 Summer Cemetary Rd				<i>A</i>	Amount		
F	City State		Zip Code					40.00
	Cabot AR		72023				D: 23d9e00b- rsement or Ob	
	Purpose of Expenditure Salary		Category/ Type	001		08 /	10	2014
t	Name of Federal Candidate			Support	Office S	ought:	House D	istrict: 00
	Mr. Mark L Pryor			Oppose				State: AR
	Calendar Year-To-Date Per Election for Office Sought		55362.57		Disburse 2014	ement For: Other (sp	Primary ecify) ▶	X General
ľ	Full Name of Payee					Date of Public	Distribution/D	Dissemination
1	Cari A Stevenson					M = M /	D D /	Y Y Y Y
-	Mailing Address 12312 Summer Cemetary Rd					08	10	2014
	5 12312 Summer Cemetary Ru				A	Amount		
f	City State	;	Zip Code					9.00
	Cabot AR		72023		Tr	ansaction ID Date of Disbu	: f6b26f2c-d7 irsement or Ob	<b>763-462f-a</b> oligation
	Purpose of Expenditure Mileage		Category/ Type	002		08	10	2014
	Name of Federal Candidate			Support	Office S	Sought:	House D	istrict: 00
	Mr. Mark L Pryor		X	Oppose	P	resident	Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought		55362.5	7	Disburs 2014	ement For: Other (sp	Primary ecify) ▶	X General
(a	a) SUBTOTAL of Itemized Independent Expenditures				•	-	7	49.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures			••••••	. •			
(0	c) TOTAL Independent Expenditures	,			•		7	100
W	nder penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.							
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	, M M	/ 12	2014	
	Signature		_			-		

Schedule E)	INT EXICINE	JITONES	PAGE 6 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			08 10 2014
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	40.00
Kenner	LA	70065	Transaction ID: 76713afd-7466-4a74-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		91420.17	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			08 10 2014
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	8.25
Kenner	LA	70065	Transaction ID : 2051d500-f30f-4176-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		91420.17	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		48.25
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 12 7 2014
-			

Schedule E)	PAGE 7 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Vonniqua Jackson	08 10 2014
Mailing Address 111 Westchester Blvd	Amount
Apt D4	50.00
City State Zip Code Slidell LA 70458	Transaction ID : 1834e881-821a-4cfb-9
Purpose of Expenditure Salary  Category/ Type  001	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 91420.17	Disbursement For:  Primary  General  2014  Gther (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lily Green	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	70.00
Shreveport LA 71119	Transaction ID: 826e5777-3827-4b2e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / DDD / Y 2014
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 91420.17	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	··· <b>&gt;</b>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	e 08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	iti Exi Eiti	SHORLS	PAG FOF	GE 8 OF 27 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Lily Green				10 / Y Y Y Y Y Y Y Y 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		19.80
Shreveport	LA	71119	Transaction ID : a Date of Disbursem	48aae2d-c6eb-4381-b ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D	10 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Mary L Landrieu		X Oppose		enate State: LA
Calendar Year-To-Date Per Election for Office Sought		91420.17	Disbursement For:  2014  Other (specify)	Primary General
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Gregory Green			08 / D	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		50.00
Shreveport	LA	71104	Transaction ID : eb Date of Disbursem	
Purpose of Expenditure Salary		Category/ Type 001	08 / D	10 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Mary L Landrieu		X Oppose	President Se	
Calendar Year-To-Date Per Election for Office Sought	, , ,	91420.17	Disbursement For: 2014 Other (specify	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			69.80
(b) SUBTOTAL of Uniternized Independent Exper	nditures			
(,,			4	7
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 12 /	2014
- 3				

Schedule E)	THE OF MADE LINE	ENT EXILIB	71101120		PAGE 9 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak C	ut PAC				C C00530766
Check if 24-hour rep	port X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee Gregory Gree					of Public Distribution/Dissemination  10
Mailing Address <sub>250</sub>	3 Bolch Street			Amour	nt
City		State	Zip Code		16.80
Shreveport		LA	71104		action ID: 681baa0b-fc33-455b-b of Disbursement or Obligation
Purpose of Expenditu Mileage	ire		Category/ Type 002	М	08 10 / 2014
Name of Federal Car	ndidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu			X Oppose	Preside	ent Senate State: LA
Calendar Year-To Per Election for			91420.17	Disbursement 2014 Of	t For: Primary X General
Full Name of Payee				Date of	of Public Distribution/Dissemination
Courtney Golds	stein			M	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 18	B09 N Woodlawn				
				Amou	nt
City		State	Zip Code		10.00
Metairie		LA	70001	Transa Date o	ction ID : 63a9b098-f8d4-4d18-8 of Disbursement or Obligation
Purpose of Expenditu Salary	ire		Category/ Type 001	M	08 / D D / Y Y Y Y Y Y
Name of Federal Car	ndidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu			X Oppose	Preside	
Calendar Year-To Per Election for			91420.17	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Iter	mized Independent Expend	ditures		. •	26.80
(b) SUBTOTAL of Uni	temized Independent Exp	enditures		·· •	7 7 7
(c) TOTAL Independe	nt Expenditures			•	7
with, or at the request		ndidate or authorize			ooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	nically Filed] Date	e 08	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

Schedule E)	I EXI END	ITOTILO		PAGE 10 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Courtney Goldstein			Date of Public	c Distribution/Dissemination
Mailing Address 1809 N Woodlawn			08 Amount	10 2014
			Amount	
City	State	Zip Code		3.90
Metairie	LA	70001		ID: a073d2e9-e004-4223-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 08	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	91420.17	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Shelby J Davis			08	10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6414 The Divide Pkwy			Amount	
Apt 204			Amount	
City	State	Zip Code		45.00
Little Rock	AR	72223		D: d44cdaf4-7db9-42b7-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	55362.57	Disbursement For: 2014 Other (sp	Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>•</b>	48.90
(b) SUBTOTAL of Unitemized Independent Expendit	tures		• •	4
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 12	2014
3				

Schedule E)	DENT EXTEND	ATTOTILES	PAGE 11 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New re	port Amends repo	t filed on Man / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Shelby J Davis			08 10 / 2014
Mailing Address 6414 The Divide Pkwy			Amount
Apt 204			
City	State	Zip Code	11.40
Little Rock	AR	72223	Transaction ID: a7547b12-1dab-4049-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	7	55362.57	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			08 10 2014
Mailing Address 4902 Catawba Dr			
			Amount
City	State	Zip Code	90.00
Greensboro	NC	27407	Transaction ID : 59d495e5-8768-4107-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		224612.89	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		101.40
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g. (a.a.)			

Schedule E)	NDEFENDENT EXFE	ADITORIES	PAGE 12 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report	48-hour report New	report Amends repo	rt filed on
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination
Mailing Address 4902 Catawba	Dr		08 10 2014
			Amount
City	State	Zip Code	23.70
Greensboro	NC	27407	Transaction ID: 2290759e-2fc6-46ab-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ght	224612.89	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 10 / Y Y Y Y Y Y
Mailing Address 6101 NORA	ST		Amount
City	State	Zip Code	65.00
METAIRIE	LA	70003	Transaction ID : 5c137601-785c-4083-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	91420.17	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Indep	pendent Expenditures		88.70
(b) SUBTOTAL of Unitemized Inc	dependent Expenditures		•
(c) TOTAL Independent Expendit	ures		•
	tion of, any candidate or author		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Elec	tronically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)		31101120		PAGE 13 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			-	ENTIFICATION NUMBER ▼
Women Speak Out PAC				00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee ERIC TABARY			M = M /	Distribution/Dissemination
Mailing Address 6101 NORA ST			08 Amount	10 2014
City	State LA	Zip Code 70003	Transaction ID	1.20 ): 652ce4e3-dcbd-4c24-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disburs	sement or Obligation
Name of Federal Candidate  Ms. Mary L Landrieu		Support	Office Sought:	House District: 00
Calendar Year-To-Date Per Election for Office Sought		Oppose 91420.17	Disbursement For: 2014	Primary X General
Full Name of Payee Mr. Elizabeth Allison			Other (spe	cify) ▶
Mailing Address 157 Bishop Drive			Amount	10 / 2014
City	State	Zip Code	Amount	15.00
Avondale  Purpose of Expenditure  Salary	LA	70094 Category/ 001		cc182c65-a85b-462a-8 sement or Obligation
Name of Federal Candidate		Type Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		91420.17	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	16.20
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			-	
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	8 08 / 12	2014

Schedule E)	W ENDITORIES	PAGE 14 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 33333.00
Check if 24-hour report X 48-hour report	New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee Mr. Elizabeth Allison		Date of Public Distribution/Dissemination
Mailing Address 157 Bishop Drive		08 / 10 / 2014
Walling 7 across 157 Bisnop Drive		Amount
City State	e Zip Code	5.10
Avondale LA	70094	Transaction ID : fbd760fa-0894-4248-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District:00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	91420.17 Disb 2014	oursement For: Primary General  Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Michael Vidrine		08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street		Amount
		Allount
City Stat	'	85.00
Ville Platte LA	70586	Transaction ID: 3a84f930-df4f-44f1-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 10 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	91420.17 Disk 201	oursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		90.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date	08 12 2014
Signature		

Sch	edule E)	LXI LIVDI	TOTILO		PAGE 1	5 OF 27 OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICAT	
Wo	men Speak Out PAC				C C00530766	
Check	if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M = M / D = D	/ Y = Y = Y = Y
		New Tepc	Amenda repo	ort med on		
	ull Name of Payee Michael Vidrine			Dat	e of Public Distributio	n/Dissemination
M	lailing Address 1103 West Wilson Street			Am	punt	
С	ity S	state	Zip Code	-		27.30
		LA	70586		nsaction ID : 2d51e5 e of Disbursement or	
	urpose of Expenditure Mileage		Category/ Type 002		08 / 10	2014
N	ame of Federal Candidate		Support	Office Sou	ght: House	District: 00
N	/Is. Mary L Landrieu		X Oppose	Pres	dent Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought		91420.17	Disbursem 2014	ent For:  Prima Other (specify) ►	ry X General
	ull Name of Payee			Da	e of Public Distribution	n/Dissemination
'	Francis Richardson				08 / D D	2014
N	Mailing Address 220 Doucet Rd					
				Am	ount	
С	Sity	State	Zip Code			30.00
	Lafayette	LA	70503	<b>Trar</b> Da	saction ID: 9a3b1bc e of Disbursement or	0-894f-413c-8 Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / 10	2014
N	lame of Federal Candidate		Support	Office Sou	ght: House	District:00
N	Ms. Mary L Landrieu		X Oppose	Pres	ident Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		91420.17	Disbursem 2014	ent For:  Prima Other (specify) ►	ry X General
(a)	SUBTOTAL of Itemized Independent Expenditures			·· •	7 7	57.30
(b)	SUBTOTAL of Unitemized Independent Expenditure	s		·· •	7	
(c)	TOTAL Independent Expenditures					
witl	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its age	or authorized				
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	e 08		)14
	Signature					

Scl	nedule E)	IXI ENDI	TOTILO				PAGE 16 OF 27 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
OI	V 40 b	Z N			ort Clark and	M M /	/ D D / Y D Y D Y
_		New repo	ort Am	nends repo	ort filed on		
١	Full Name of Payee Francis Richardson				Da	te of Public	c Distribution/Dissemination
	Mailing Address 220 Doucet Rd				Am	nount	
ŀ	City Sta	ate	Zip Code		$ \Gamma$		1.65
		.A	70503				ID: 8e6eb7aa-a48d-478f-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08	10 / 2014
ı	Name of Federal Candidate			Support	Office Sou	ught:	House District: 00
	Ms. Mary L Landrieu		X	Oppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		91420.17		Disbursen 2014	nent For: Other (sp	Primary X General Decify) ▶
Γ	Full Name of Payee				Da	te of Publi	c Distribution/Dissemination
1	Anthony Pearson					M M M	10 2014
ľ	Mailing Address 112 apache Dr					00	2011
1					An	nount	
ŀ	City	ate	Zip Code				50.00
		AR	72149		<b>Tra</b> i Da	nsaction II te of Disbu	D: b42cfa5b-bcfa-4305-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08	10 / 2014
ľ	Name of Federal Candidate			Support	Office So	ught:	House District: 00
L	Mr. Mark L Pryor		X	Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	,	55362.5	7	Disbursen 2014	nent For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures				• •		51.65
(I	b) SUBTOTAL of Unitemized Independent Expenditures				. •		1 1 4 1 1 4 1
(0	c) TOTAL Independent Expenditures				. •		
W	nder penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its ager	r authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M M M M M M M M M M M M M M M M M M	12	/ Y Y Y Y Y 2014
	Signature		_				

Sc	hedule E)	NDI I GILLE	PAGE 17 OF 27 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New	report Amends repor	t filed on
Т	Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination
	Mailing Address 112 apache Dr		08 / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	Mailing Address 112 apache Dr		Amount
ı	City State	Zip Code	5.55
	Search AR	72149	Transaction ID: 73b0eb95-e3c2-4b02-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Name of Federal Candidate	Support	Office Sought: House District:00
	Mr. Mark L Pryor	X Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	55362.57	Disbursement For:  Primary
ſ	Full Name of Payee		Date of Public Distribution/Dissemination
1	Anthony Pearson		08 10 / Y Y Y Y Y Y
ľ	Mailing Address 112 apache Dr		00 10 2017
	· · = = ·		Amount
ľ	City State	Zip Code	50.00
	Search AR	72149	Transaction ID : f5ecdfa6-d299-4534-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought	55362.57	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		55.55
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
(	(c) TOTAL Independent Expenditures		<b>&gt;</b>
٧	Under penalty of perjury I certify that the independent expendituvith, or at the request or suggestion of, any candidate or authoroarty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Elec	ctronically Filed] Date	08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	II EXI END	HONES		GE 18 OF 27 PR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ Y = Y = Y
Full Name of Payee Anthony Pearson			M - M / E	stribution/Dissemination
Mailing Address 112 apache Dr			08 Amount	10 2014
City Search	State AR	Zip Code 72149	Transaction ID : 0 Date of Disburser	5.55 092fbb24-d935-4343-9
Purpose of Expenditure Mileage		Category/ Type 002		10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	55362.57	Disbursement For:  2014  Other (specify	Primary
Full Name of Payee Brandon Guttuso	_		Date of Public Di	stribution/Dissemination
Mailing Address 3013 Transcontinental Dr			08	10 2014
			Amount	
City	State	Zip Code		70.00
Metairie  Purpose of Expenditure	LA	70006	Date of Disburser	fbb7edd-1eea-49e8-a ment or Obligation
Salary		Category/ Type 001	08	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	91420.17	Disbursement For: 2014 Other (specif	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es			75.55
(b) SUBTOTAL of Unitemized Independent Expendi	tures			7
(b) SOBTOTAL OF OFFICE MEDICAL EXPONE				
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D /	2014
Signataro				

Schedule E)		IN EXILINO	II OILEO		PAGE 19 OF 27 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24-	hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Brandon	Payee Guttuso				of Public Distribution/Dissemination
					08 10 2014
Mailing Addre	3013 Transcontinental Dr			Amou	nt
City		State	Zip Code		6.60
Metairie		LA	70006		action ID: ce93e581-7099-4c4b-8 of Disbursement or Obligation
Purpose of E Mileage	xpenditure		Category/ Type 002		08 10 2014
Name of Fed	eral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L L	andrieu		X Oppose	Preside	ent X Senate State: LA
	r Year-To-Date tion for Office Sought	· · · · · ·	91420.17	Disbursemen 2014 O	t For: Primary ⊠ General
Full Name of				Date	of Public Distribution/Dissemination
Darius Be	everiy			N	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addre	ess 157 Bishop Drive			Amou	nt
City		State	Zip Code		65.00
Avondale		LA	70094	Transa	ction ID : 81cc58fc-576e-4e3f-b of Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001		08 10 2014
Name of Fed	leral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L L	andrieu		Oppose	Preside	ent Senate State: LA
	r Year-To-Date stion for Office Sought	, ,	91420.17	Disbursemen 2014	t For:
(a) SUBTOTA	L of Itemized Independent Expendit	ures		· •	71.60
(b) SUBTOTA	L of Unitemized Independent Expen	ditures		· •	711717
(c) TOTAL Inc	dependent Expenditures			•	
with, or at the		idate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	As. Emily Buchanan	[Electron	nically Filed] Date	9 08	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)	ENT EXILIN	DITOTILO	PAGE 20 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Dinah Beverly			08 10 2014
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	65.00
Avondale	LA	70064	Transaction ID : 4a015723-f541-44ee-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		91420.17	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Dinah Beverly			08 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	5.40
Avondale	LA	70064	Transaction ID : 758ecc0e-3c6b-4af2-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		91420.17	Disbursement For:  Primary  ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	ditures		> 70.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	e 08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>J</b>			

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Najib Mahmud	08 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3432 Riverrock Ct	nount
City State Zip Code	60.00
Baton Rouge LA 70820 Tra	ansaction ID : c79dcc96-ab64-4cb9-b ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
Full Name of Payee Najib Mahmud	ate of Public Distribution/Dissemination
Mailing Address 3432 Riverrock Ct	08 10 2014 mount
City State Zip Code	5.10
	insaction ID : cccf3f54-e8f7-484a-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	65.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	12 2014
Signature	

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OF

Schedule E)	IN EXICIO	TIONES	<u> </u>	PAGE 22 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Serena A Jones			M M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		90.00
Saltville	VA	24370		: 2657c1cc-d2d6-49b3-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224612.89	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Serena A Jones			08 /	10 2014
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		25.20
Saltville	VA	24370		fa702744-4e7d-4123-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	224612.89	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures		<b>.</b>	115.20
			7	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			<b>)</b>	7 1 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 12	2014
- 3				

	=/			FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)		F	EC IDENTIFICATION NUMBER ▼
vvon	nen Speak Out PAC			C C00530766
Check i	f 24-hour report X 48-hour report New report	Amends report	filed on	M / D D / Y Y Y Y
	Name of Payee		Date of	Public Distribution/Dissemination
	arrin Lesaicherre			08 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ling Address 629 Radiance Ave		Amount	
City	State Zip	Code		70.00
Me	etairie LA 700	001		ction ID: 12e3edb7-f4de-4c6b-8 Disbursement or Obligation
	pose of Expenditure lary	ategory/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	ne of Federal Candidate	Support C	Office Sought:	House District: 00
Ms	. Mary L Landrieu	X Oppose	Presider	t X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 9142		Disbursement 1014 Oth	For: Primary ☐ General er (specify) ►
Ta	Name of Payee arrin Lesaicherre iling Address 629 Radiance Ave		Date of	Public Distribution/Dissemination  10 2014
IVIG	629 Radiance Ave		Amoun	t
City	State Zip	Code		6.00
Me	etairie LA 70	0001		tion ID: eea2d490-854d-4dbe-a Disbursement or Obligation
	rpose of Expenditure leage	ategory/ Type 002		8 / 10 / 2014
Nai	me of Federal Candidate	Support	Office Sought:	House District: 00
Ms	. Mary L Landrieu	X Oppose	Presider	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) \$	SUBTOTAL of Itemized Independent Expenditures		· []	76.00
(b) \$	SUBTOTAL of Unitemized Independent Expenditures		· [	7
(c) T	FOTAL Independent Expenditures		· [.	7 7 7
with,	er penalty of perjury I certify that the independent expenditures report or at the request or suggestion of, any candidate or authorized control committee) any political party committee or its agent.			
_	Ms. Emily Buchanan [Electronically	y Filed] Date	08	12 / 2014
S	ignature			

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OF

Sc	nedule E)	XI EIVE	101120				PAGE 24 OF 27 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee				Da	ite of Public	c Distribution/Dissemination
	Tarrin Lesaicherre					08	10 / 2014
	Mailing Address 629 Radiance Ave				An	nount	
ŀ	City State	e	Zip Code				70.00
	Metairie LA		70001				ID: 32c2c8ac-23bf-40eb-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08	10 2014
ŀ	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Ms. Mary L Landrieu			Oppose		_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		91420.17		Disburser 2014	ment For:  Other (sp	Primary
ľ	Full Name of Payee				Da	ate of Publi	c Distribution/Dissemination
1	Tarrin Lesaicherre					08	10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 629 Radiance Ave						10 2011
1					Ar	nount	
ŀ	City Stat	e	Zip Code				6.00
	Metairie LA	١	70001		Tra Da	nsaction II ate of Disbu	D: 963bcedb-f3c4-4052-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08	10 2014
Ī	Name of Federal Candidate			Support	Office So	ught:	House District:00
	Ms. Mary L Landrieu		X	Oppose	Pre	esident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		91420.1	7	Disburser 2014	ment For:  Other (sp	Primary
(	a) SUBTOTAL of Itemized Independent Expenditures				• •	-	76.00
(	b) SUBTOTAL of Unitemized Independent Expenditures				. •		7 7
(	c) TOTAL Independent Expenditures				•		
W	Inder penalty of perjury I certify that the independent expirith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M 08	/ 0 0 12	/ Y Y Y Y Y Y 2014
	Signature		_	2410			

Scl	hedule E)			PAGE 25 OF 27 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼		
W	omen Speak Out PAC	С	C00530766			
Check if 24-hour report X 48-hour report New report Amends report filed on						
Т	Full Name of Payee  Morgan P. Dodgott		Date of Pul	olic Distribution/Dissemination		
	Morgan R Padgett		07	07 7 2014		
	Mailing Address 2164 Kay Rd		Amount			
ŀ	City State Zip Code			20.00		
	Greenville NC 27858			n ID : 0ba40639-d33f-4f80-a		
	Purpose of Expenditure Salary  Category/ Type	001	M M 07	07 / 2014		
ŀ	Name of Federal Candidate	pport	Office Sought:	House District: 00		
	Ma Kasallanan	pose	President	Senate State: NC		
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 Other (	Primary		
Γ	Full Name of Payee		Date of Pu	blic Distribution/Dissemination		
1	Reagan Brackett		M M M	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
ŀ	Mailing Address 502 E Center Ave			09 2014		
	JUZ E GUIRGI ANG		Amount			
ľ	City State Zip Code			30.00		
	Searcy AR 72143			ID: d0e2899f-2867-4908-8 sbursement or Obligation		
	Purpose of Expenditure Salary  Category/ Type	001	M 08	/ 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
ľ	Name of Federal Candidate Sup	pport	Office Sought:	House District:00		
	Mr. Mark L Pryor	pose	President	Senate State: AR		
	Calendar Year-To-Date Per Election for Office Sought 55362.57		Disbursement For 2014 Other	:		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(	(c) TOTAL Independent Expenditures		<b>&gt;</b>	7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electronically Filed]	Date	08 12			
	Signature					

Schedule E)	TOERT EXILITIES			PAGE 26 OF 27 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	С	C00530766				
Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Pu	blic Distribution/Dissemination		
Reagan Brackett			08	/ 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 502 E Center Ave			Amount			
City	State	Zip Code		7.86		
Searcy	AR	72143		n ID: 17bc7133-37cc-4150-a sbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	08 08	09 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		55362.57	Disbursement For 2014 Other	: Primary X General (specify) ▶		
Full Name of Payee Theresa a Youngblood			Date of Pu	blic Distribution/Dissemination		
Mailing Address 102 S Main Street Apt A	 12		08 Amount	08 2014		
			Amount			
City	State	Zip Code		30.00		
Berryville Purpose of Expenditure	VA	22611	Date of Dis	n ID: 303759ea-2cd7-4fc0-9 sbursement or Obligation		
Salary		Category/ Type 001	<sup>M</sup> 08	08 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		224612.89	Disbursement For 2014 Other	:		
(a) SUPTOTAL of Itamizad Indonendant Ex	voondituroo			27.90		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 4 1		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan	[Electron	nically Filed] Date	. 08 12			
Signature		_				

Schedule E)	PAGE 27 OF 27 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC	C C00530766					
Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee	Date of Public Distribution/Dissemination					
Theresa a Youngblood	08 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 102 S Main Street Apt A2	Amount					
City State Zip Code	100.00					
Berryville VA 22611	Transaction ID: 18879cd2-6763-4c19-8 Date of Disbursement or Obligation					
Purpose of Expenditure Salary  Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Off	ice Sought: House District: 00					
Ms. Kay Hagan Oppose	President Senate State: NC					
Calendar Year-To-Date Per Election for Office Sought  Dis 224612.89	bursement For:  Primary					
Full Name of Payee	Date of Public Distribution/Dissemination					
Mailing Address						
Mailing Address	Amount					
City State Zip Code						
	Date of Disbursement or Obligation					
Purpose of Expenditure  Category/ Type	M M / D D / Y Y Y Y					
Name of Federal Candidate Support Off	ice Sought: House District:					
Oppose	President Senate State:					
Calendar Year-To-Date Per Election for Office Sought	sbursement For: Primary General  Other (specify) ▶					
	Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	1717.35					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan  [Electronically Filed] Date	08 12 2014					
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